

ILLINOIS SUPREME COURT
MANDATORY COURT-ANNEXED ARBITRATION PROGRAM
ELEVENTH JUDICIAL CIRCUIT

APPLICATION FOR CERTIFICATION AS AN ARBITRATOR

I, _____ certify that I am an attorney and have been duly licensed in the State of Illinois for at least one (1) year and that the following representations are true and correct.

SECTION 1

Last Name _____ First Name _____ MI _____

Home Address _____

Phone Number _____

Firm Name _____

Eleventh Circuit Office Address _____

Phone Number _____ FAX Number _____

Date of Birth _____ Social Security Number _____

Illinois Attorney Number (ARDC) _____

Tax Identification Number (FEIN) _____

Year Admitted to the Illinois Bar _____

I am willing to serve as an emergency arbitrator **Yes** _____ **No** _____

My litigation experience has been in the following areas (indicate percentage):

Personal Injury/Tort _____	Contract _____
Workers Comp _____	Traffic _____
Bankruptcy _____	Probate _____
Domestic Relations _____	Criminal _____
Administrative Hearings _____	Tax _____
Appellate _____	Real Estate _____
Chancery _____	Other (Specify) _____

SECTION 2

(An attorney wishing to be certified as Chairperson should complete this section of the application)

I further certify that I have been engaged in trial practice for five years. My activities in the trial practice has consisted of the following:(if necessary use additional page)

Please provide the following information regarding litigation experience in the past five years for jury trials or bench trials:

<u>Case name</u>	<u>Nature of Proceeding</u>	<u>Date</u>
1.		
2.		
3.		
4.		
5.		
6.		

SECTION 3

(All applicants complete this section)

I, _____ certify that all of the above information is true and correct and that if certified as an Arbitrator (Panelist or Chairperson), I do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of the State of Illinois and I will faithfully discharge the duties of my office to the best of my ability.

Signature

Date

FOR OFFICE USE ONLY

Training Scheduled:_____

Date Certified:_____

**PLEASE RETURN COMPLETED FORM TO: Deborah F. Haas
200 W. Front St., Suite 400B
Bloomington, IL 61701**